

An  
Inaugural Dissertation  
on the  
"Sapatic State of Fever"  
for the  
Degree of Doctor of Medicine  
submitted  
To the Examination

Ms. No. 3

1810

by  
John M. Doxell L.L.D. Provost  
the  
Trustees and Medical Professors  
of the  
University of Pennsylvania  
on the  
Day of April 1810.

For  
per attornesq  
of Virginia  
Honorary Member of the  
Philadelphia Medical Society  
Member of the Linnaean Society

My dear Sir

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,

Your obedient servant,

J. M. Smith

Secretary to the Board of Directors

of the Bank of England

London

11th Decr 1840

Enclosed is a copy of the report of the Committee of the Bank of England on the subject of the proposed amendment of the Bank Act, 1840.

I am, Sir, very respectfully,

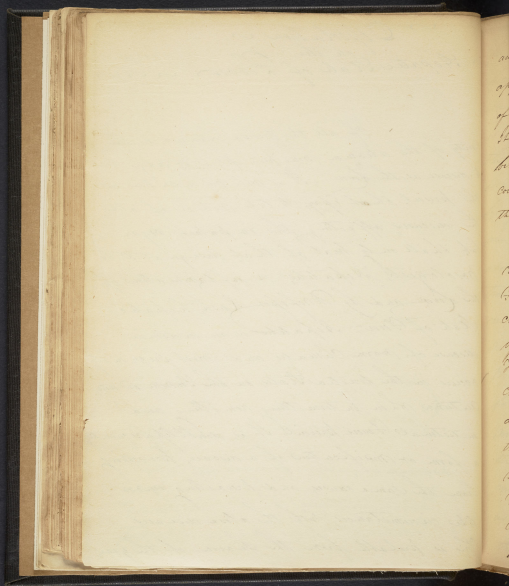
Your obedient servant,

J. M. Smith

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Dissertation  
on the  
Hepatic State of Fever

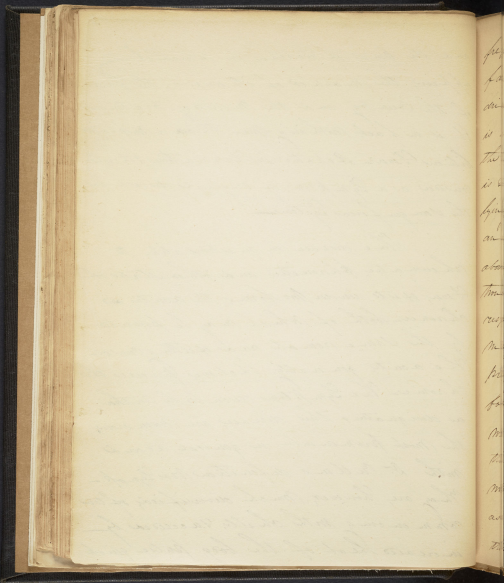
Of all the viscera contained in the cavity of the abdomen, none perhaps, is so subject to disease as the Liver. It is not my intention in the present, short Essay, to take notice of all the diseases affecting this important organ, but shall only treat of that designated by Physiologists, Hepatitis, or inflammation of the Liver, and by Professor Lush, Hepatic State of Fever. Hepatitis is an endemic disease of warm climates, and most frequently occurs in the United States in the Summer and Autumn, when in some places, sometimes, and in tropical zones prevail. It is doubtless frequently a form or modification of a disease, proceeding from the same causes, and prevailing under like circumstances with the above disease. This is probable from the season of the year





and the kind of weather, in which it appears, the manner of its invading the face of the Country, and the method of treatment. It is in fact, nothing more than a misplaced bilious & hepatic inflammation, although considered as a symptom of original disease in the sanguiferous system.

The disease in question, alike to rheumatic, phrenitic, and other states of Fever, exists under two forms, the acute and chronic both of which may be produced by the same remote and exciting causes. The acute generally, following, precedes the chronic. The symptoms described by authors as designating this disease, are numerous, the most prominent in general accord with Dr. Cullen's definition. Prod. Synops. They are, however, much diversified, often commencing with chills, succeeded by increased heat of the body, pulse quick



frequent and tense drops of the mouth and  
 fancied acute pain in the right hypochond-  
 rium, and often in <sup>the</sup> epigastric region, which  
 is increased by a deep inspiration, pain about  
 the clavicle and right shoulder. The pain  
 is sometimes much augmented by the patient  
 lying on the left side. This however is not  
 an uniform symptom. Besides the symptoms  
 above enumerated, the patient is sometimes  
 troubled with a cough and hoarseness, and  
 respiration becomes laboured. These symptoms  
 may doubtless originate from the liver  
 pressing against the diaphragm, or by  
 forming adhesions (the effect of inflammation)  
 with that muscle. Dr. Matthews observed  
 that this disease is sometimes ushered in  
 with symptoms of the greatest malignity,  
 as the peculiar staring and wildness of  
 the eye, with inflammation, occasional

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delirium, a depressed pulse, and a blood when  
 drawn exhibiting all the marks of the  
 highest degree of inflammatory diathesis.  
 This disease often bears the greatest  
 analogy in its attacks to Pleurisy, from  
 which it may be easily distinguished  
 by attending to the observations of C. Wiersebecker  
 on this subject. He observes that a gradual  
 inspiration does not produce cough, although  
 it increases the pain, that the pain is  
 increased by gentle pressure upon the  
 margin of the ribs, which would not be  
 the case if the inflammation were within  
 the chest, and that the cough (if it be  
 present) is found to have preceded the pain  
 several days, and not to have preceded, or to  
 have been connected with it, as in Pleurisy.  
 There is however, but little necessity for  
 attending to diagnostics, as the Physician

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It should generally be governed by the state of the system. Pneumonic & hepatic inflammation frequently invade the system with equal violence, and they both require the same prompt depleting remedies.

The duration of this disease is only to be determined by the violence of its attacks. If the symptoms which have been enumerated continue to increase, a Suppuration of the Liver will soon take place. The symptoms indicating Suppuration to have taken place, are the general <sup>exhaustion</sup> ~~weakness~~ of the patient being much exhausted by the remedies, at the same time that Liver ~~ache~~ pain remains equally violent, or an abatement of the pain with increased frequency of the pulse attended with repeated chilly fits. In the chronic stage, the symptoms, which have already been described, as indicating the acute stage exist, but they differ in degree.

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It is accompanied by a sense of weight and dull  
 pain in the right side, the tongue is of a whitish  
 appearance, the pulse increased in frequency  
 force, and is sometimes intermitting. The  
 appetite is much impaired and the countenance  
 sallow.

The remote causes of Hepatic  
 Fever, (as I have observed in a former part of  
 this Essay) are the same with those producing  
 intermitting, remitting, ague, and other  
 forms of Bilious Fever. The following appear  
 to be the most uniform - 1<sup>st</sup> Excessive heat,  
 2<sup>d</sup> Marsh Miasmata, 3<sup>d</sup> Intemperance in  
 eating and drinking, particularly the excessive  
 use of spirituous liquors, 4<sup>th</sup> Sudden changes  
 in the weather, 5<sup>th</sup> Violent exercise -  
 Dr. Clarke observes, that the Europeans who  
 undergo much fatigue, & particularly  
 are or get the Military Hepatitis, & that the

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and Feelings of the Liver, more the most common diseases - 7th Bartrist Edgham ascribed the frequent recurrence of this disease to this cause. To these may be added, indolence and sedentary occupations.

The primary cause of this state of Liver, is the same with that of all others, and consists in (mild or irregular) action in the Gangliferous System, particularly in the arterial, with a determination to the Liver. It is difficult to form a prognosis in this disease, as the cure is very fallacious and uncertain - There is no disease I believe so apt to return after being apparently cured. The causes which produced the original aptitude or predisposition, continuing to be applied, render the convalescent liable to a relapse upon every morbid derangement out of the System, the Liver being

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the weakened part, from and how produced, shows  
 its way to and spends its force upon it. The  
 following circumstances have been supposed to  
 indicate a favourable issue. When expectoration  
 ruptures, and Profuse diaphoresis & Copious  
 discharge of Turbidity issues. When the suppurative  
 stage has commenced, the prognosis can seldom  
 be favourable. Dr Clark says, if the abscess  
 opens through the Diaphragm into the Lung  
 and be discharged by the Bronchia, the patient  
 may sometimes (though rarely) recover. If it  
 opens into the Cavity of the abdomen or Thorax  
 death would be the consequence, a more favourable  
 issue might be expected, when the abscess  
 points outwardly, or opens into the Duodenum  
 or Colon.

For the Cure of this disease  
 in its acute and incipient form all the remedies  
 for inflammation must be applied with promptitude  
 and resolution, as the success or permanency

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of the cure will depend on the quickness with which  
 morbid vascular action is removed, and the  
 consequent determination of blood to the Liver  
 is taken off. For this purpose the best and  
 most efficacious remedy is 1<sup>st</sup> Blood letting.  
 This mode of abstracting water has a  
 preeminence of all others, in <sup>being</sup> much less circumscribed  
 in its operation, the lancet should be used  
 freely and frequently, according to the violence  
 of the symptoms, and its effect on the pulse  
 as subservient to the intention of resolution.  
 2<sup>nd</sup> Cathartics may be exhibited. Emollient  
 Glysters may also prove useful auxiliaries.  
 3<sup>rd</sup> Blisters. These cooperate strongly with  
 the views of Blood letting. They should be  
 applied to the region of the Liver, and frequently  
 repeated if the pain continues violent.  
 During the exhibition of these remedies, the  
 patient should be confined to a low diet, and  
 should refrain from all spirituous and

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ferment to become. If these remedies have  
 been properly administered and do not effect a  
 cure, recourse should be had to 4<sup>th</sup> Mercury—  
 This should begin so as to induce a salivation.  
 I should advise a ptyalism to be kept up for  
 fifteen or twenty days, and remarks, that  
 the Mercury sometimes produces a looseness of  
 which also cures the disease. In the case of  
 the chronic stage, Mercury has been principally  
 relied on. But as this stage is generally attended  
 with fever, the use of the lancet and gentle  
 purging should precede its exhibition. Small bleedings  
 dictated by the state of the system are only  
 advisable. This form of the disease is generally  
 attended with so much debility as to make  
 large evacuations of any kind hurtful, and  
 Blisters should be applied over the region of the  
 Liver, and the blistered part covered with  
 strong mercurial ointment. The common

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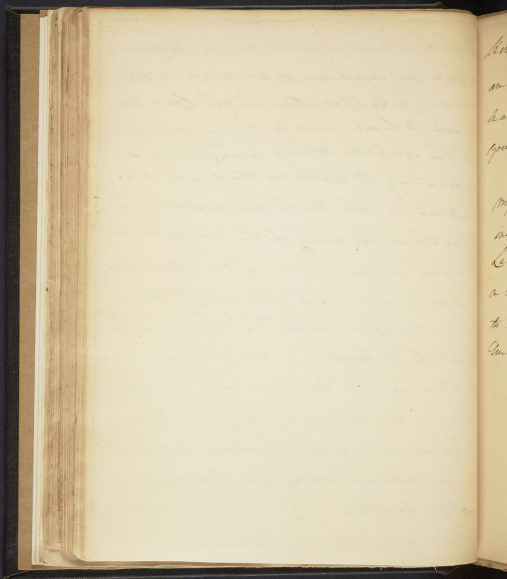
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practice is to exhibit Mercury in any form  
 practicable. The best Mode, I imagine, would  
 be, by friction, as the Stomach is already  
 much debilitated, and laboring under  
 indigestion and loss of appetite. Nitric  
 acid should be given in doses of four or five  
 drops, four or five times a day in a little  
 sweetened water. The dose may be gradually  
 increased. This remedy, properly prepared, is  
 grateful to the patient, promotes appetite  
 and digestion, and keeps up the alvine dis-  
 charges, with the aid of a little Magnesia  
 given occasionally between the doses. Bark  
 chalybeate and other tonic medicines may  
 be given to obviate debility. If these  
 remedies prove unsuccessful, travelling to  
 a colder climate should be advised. Strict  
 attention in both diet and dress should be  
 observed.

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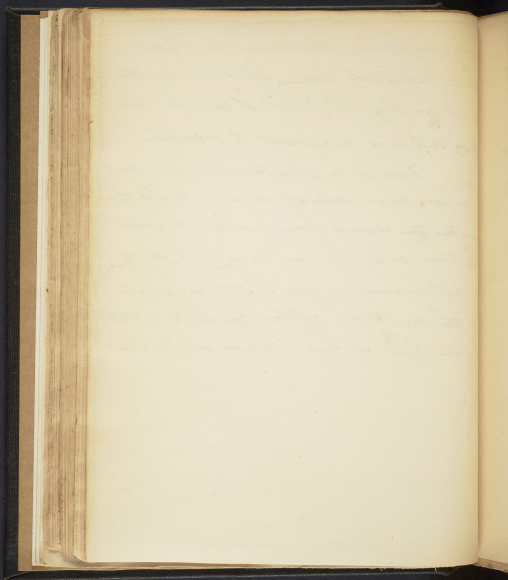
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If from a neglect of the treatment proposed, or from an injudicious employment of the remedies, a Suppuration of the Liver is known to have occurred, by the appearance of the symptoms, which have been described as indicating its existence the life of the patient becomes much endangered by a spontaneous opening of the abscess, it should therefore be the solicitude of the Physician to procure a discharge externally by means of the Caustic or incision. The latter method should be preferred, and will in some instances be attended with success. Several cases of recovery are mentioned by Lind and Mathews where an opening of the abscess has been made, without delay by a free incision with the Scalpel.



Very Gentlemen, I conclude this short  
and imperfect Essay. If it be in the  
least worthy of notice it will be for  
your Superior judgements to decide.

Permit me, illustrious Sir, to express  
my grateful acknowledgements, for the  
instruction derived from your invaluable  
Lectures, and that you may long enjoy  
a continuance of your health, adequate  
to the important offices you fill, is the  
sincere wish of your Friend and Disciple





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